

**ASSESSMENT OF THE IMPLEMENTATION OF LIFE
SKILLS-HIV/AIDS PROGRAMME IN SECONDARY
SCHOOLS**

REPORT OF POLICY-MAKER INTERVIEWS

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PREFACE

This report presents the perspectives of policy-makers and other stakeholder organisations involved in the implementation of the Life Skills-HIV/AIDS programme. Their views on programme performance were solicited in a series of in-depth interviews, conducted in early February 2000. Khulisa would hereby like to acknowledge all stakeholders in the Life Skills: HIV/AIDS programme who participated in this study, including officials of the Gauteng Provincial and National Departments of Health and Education, as well as NGOs and other stakeholder organisations.

While the report details the perceptions of these stakeholders, opinions expressed are those of the research team and not of the national and provincial departments of education, unless explicitly attributed to them. Similarly, errors in this report are the responsibility of the authors alone and should not be attributed to programme stakeholders.

CONTACT DETAILS

If there are any comments regarding this report, please do not hesitate to contact Khulisa Management Services at the contact numbers below:

Khulisa Management Services – Development Professionals

Johannesburg

29-7th Avenue, Parktown North 2193 / PO BOX 923, Parklands 2121 – South Africa

Tel: (011) 447-6464/5/6/7

Fax: (011) 447-6468

E-mail: kms_jhb@global.co.za

Cape Town

Tel: (021) 788-7608

Fax: (021) 788-7551

E-mail: kms_cpt@global.co.za

ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
C2005	Curriculum 2005
DoE	Department of Education
DoH	Department of Health
ECD	Early Childhood Development
GDE	Gauteng Department of Education
HIV	Human Immune-deficiency Virus
NGO	Non Governmental Organisation
OBE	Outcomes Based Education
SGB	School Governing Body
UNICEF	United Nations Children’s Fund
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development

TEAM MEMBERS

Mary Pat Selvaggio - Team Leader and Director of Research, Khulisa Management Services

Ms. Selvaggio has extensive experience in managing research activities at the national and community level. She has considerable experience in designing survey instruments; training field workers in data collection; developing data analysis plans; analysing data; and writing research reports for NGOs, universities, and government departments in southern Africa. Ms. Selvaggio has lived in southern Africa since 1985. Prior to joining Khulisa, Ms. Selvaggio worked as an independent consultant in southern Africa for two years, and for 13 years as a USAID Foreign Service officer responsible for managing health and population assistance programmes in Zimbabwe, Mozambique, Swaziland, Malawi, Botswana and other African countries. Ms. Selvaggio has a Masters in Public Health from the University of Minnesota, Minneapolis, USA.

Ms. Mami Shirley Ngwenya - Director, Lovelife

Ms. Ngwenya is the Director of LoveLife, a consortium of five national NGOs dealing with adolescent sexual health issues. Prior to this appointment, Ms. Ngwenya served as the Founder and Co-ordinator of the Sexual Health Programme at Health Systems Development Unit. Ms. Ngwenya has published prolifically in the field of youth health education and the promotion and sexual health. Ms. Ngwenya studied at the Division of Epidemiology at the Columbia University School of Public Health and received her Masters Degree from the London School of Hygiene and Tropical Medicine.

Margo Goldstone – Fellow, Khulisa Management Services

Ms. Goldstone is currently in the process of completing a M.Phil. (Social Science Research Methods) with the University of Stellenbosch. In 1998, she held a research internship with the Truth and Reconciliation Committee. Her experience has since included research, particularly data analysis, on various national-level educational and health-related evaluations. These range from an evaluation of the implementation of technology education in S.A.(1998 – 1999), to an evaluation of the appropriateness of food-based dietary guidelines proposed by the World Health Organisation for South African women (1999). Her professional interest is, however, in education, in particular in programme evaluation and monitoring.

Ms. Valerie Notrica – Fellow, Khulisa Management Services

Prior to her appointment at Khulisa, Ms. Notrica completed her studies at the University of the Witwatersrand, Johannesburg, where she obtained a degree of Masters of Arts in Industrial psychology. She has extensive theoretical knowledge in areas such as Industrial Relations, Personnel psychology, Organisational Theory, Psychometric Assessments, and Occupational Psychology. Ms. Notrica's work experience includes psychometric assessment, recruitment and selection, and she has also worked in human resources. Her informal work experience includes assisting university students with statistical computer programmes. Ms. Notrica has also conducted research, particularly in the area of leadership in South African organisations.

EXECUTIVE SUMMARY

In February and March 2000, as a critical aspect of this *Assessment of the Implementation of Life Skills–HIV/AIDS Programme in Secondary Schools*, Khulisa Management Services completed a series of interviews with ten senior officials from the Departments of Health and Education and with four other respondents responsible for key HIV/AIDS education programmes. Most of these individuals were responsible for (or were familiar with) the Life Skills-HIV/AIDS educational policies and broad management of the Life-Skills-HIV/AIDS Programme in secondary schools. For a list of respondents, please see Appendix A

The purpose of the interviews was to establish perceptions on how implementation is proceeding and to provide a context for the research on implementation in schools. The respondents provided valuable feedback on the processes involved in setting up the HIV/AIDS schools programme, insight on factors that are impeding implementation, and recommendations on how these impediments can be overcome.

Prior to the appointment of the current Minister of Education and Director General of the national Department of Education, respondents felt that the Education Department's political will to implement the programme was inadequate. In addition, it took longer than expected to set up key organisational structures at the national and provincial levels. Key factors affecting the set up of the programme included overcoming: historical curricular barriers (such as graphic representatives of the anatomy – previously illegal) and, more importantly, the strong but incorrect, perception that sex education promotes promiscuity.

Policy-makers recounted the successes of the programme, such as: training 10,000 educators, many of whom underwent “personal transformation” as a result of their association with the programme; marketing the programme with stakeholders, communities and higher education authorities; and determining programme content and materials.

However, policy makers also noted problematic areas in: not enough time for training and lack of follow-up to training, resulting in less than optimal educator skills; concern that the cascading has led to dilution of the programme's message; and issues with materials selection and distribution and poor financial management skills among provincial and district programme managers.

In terms of the national programmatic management, policy-makers feel that collaboration between the national Departments of Health and Education is excellent, and that the inclusion of the Department of Welfare has further increased technical and financial resources. However, this collaboration appears to diminish as it moves down the hierarchy: from national to province, to district, to schools. This lower level impact is reportedly due, at least in part, to the limited resources at the district and school levels. Nor did the respondents believe there were adequate feedback mechanisms for providing information back up the chain to the national Departments.

In spite of the collaboration at national level, the “ownership” of the programme is perceived to be with the Department of Health, thus, corroding the impact of the programme. Policy makers cited the lack of an Education budget line item and the fact that the programme has been merged with C2005 (thus delaying Life Skills implementation until C2005 is introduced in that grade level). However, Department of Education officials argue that the DoE's investment in the Life Skills HIV/AIDS programme is through curriculum adjustment. Nevertheless, all policy makers agree that the general dysfunctionality of schools is a factor reducing the programme's impact.

Structured along Reconstruction and Development Programme (RDP) lines, the programme requires schools and districts to develop business plans in order to access funds. The lack of

knowledge of this fact and poor business planning skills, particularly at the district level has inhibited the programme, although this area is reportedly improving.

The lack of baseline data and agreed-upon success indicators has further impeded programmatic progress and inhibits programme managers' ability to monitor the programme. Inputs into this key managerial function would undoubtedly yield gains in terms of the programme's vision as defined by policy-maker's namely, to provide learners with the skills to ensure their own personal safety.

1. INTRODUCTION

The *Assessment of the Implementation of the Life Skills – HIV/AIDS Programme in Secondary Schools* aims to establish the extent to which the Life Skills program is being implemented throughout South Africa as well as to identify key implementation constraints which require attention by programme managers. The assessment is being conducted in 101 schools in eight provinces¹ between January and July 2000.

The assessment requires knowledge of programme performance at macro-, meso-, as well as micro-levels. As a first step in the assessment, to obtain perspectives on how implementation is proceeding as well as to contextualise the programme's performance on the lower levels, Khulisa consulted national level stakeholders and solicited their views on overall programme performance.

This report presents these stakeholder perspectives with particular emphasis on the factors that impede and facilitate programme implementation. The report concludes with recommendations from these policy makers on how programme performance may be enhanced.

This report is the first of three reports to be submitted by Khulisa under this assessment. The second report, the findings from provincial and district level interviews will be submitted to the project Survey Committee² at the end of May (dated 8 August 2000), while a final project report (containing school level data as well as summaries of the first two reports) will be submitted to the Survey Committee in mid-June 2000.

2. METHODOLOGY

The policy maker interviews were the first data collection effort of the assessment. The results from these interviews were used to inform the development of the data collection instruments at the provincial, district, and school levels.

2.1. Data Collection

Khulisa conducted interviews with thirteen officials from the Departments of Health and Education, as well as other stakeholders in the programme, such as Planned Parenthood of South Africa, and the Gauteng Departments of Education and Health. The focus of these interviews was to solicit their views on macro-level programme performance and overall trends. A structured interview guide with specific research questions was used (see Figure 1). Interviews were recorded and notes were also taken.

¹ Gauteng Province isn't included in this assessment because it had earlier conducted its own assessment of the implementation of the programme.

² The project Survey Committee is comprised of representatives from the national Department of Education, national Department of Health, USAID (the funder of the assessment) and Macro International (contract manager for the assessment).

FIGURE 1: KEY QUESTIONS USED IN THE POLICY MAKER INTERVIEWS:

- ✍ What do you know about the Life Skills-HIV/AIDS programme?
- ✍ Do you believe there is a need for the programme?
- ✍ What do you think about the programme's performance thus far?
- ✍ What kind of problems, if any, is the programme experiencing?
- ✍ How should these be remedied?
- ✍ In your opinion, what kind of support do schools and educators need to successfully implement the programme?

2.2. Data analysis

Each interview session was transcribed before analysis. Individual transcripts were then coded and analysed using a qualitative data analysis package, ATLAS/ti. This allowed for the identification of key implementation themes across individual transcripts, as well for the comparison of perspectives by department. Interpretation was guided by the research questions, as well as informed by the resources orientation specified/adopted in the research framework.

Preliminary findings from the policy-maker interviews were presented to the Survey Committee in February 2000. This also served to validate findings, and highlighted several management level implementation issues, which further assisted in guiding both instrument development and final analysis of the policy-maker interviews.

3. FINDINGS

Most policy-makers noted that the programme is not yet delivering the benefits and results intended. They believe this is largely due to deficiencies in implementation and programme management, rather than programme design. However, the success (or lack thereof) of implementation was perceived to be largely contingent on three structural-level factors:

- i) the national and provincial governments' commitment to the programme,
- ii) the establishment of appropriate national and provincial level structures, and
- iii) the economic standing and infrastructure of the province.

The National and Provincial Government's Commitment to the Programme

In 1996-1998, insufficient political commitment existed for the programme and there were differing perceptions of where responsibility for the programme lied. However, it is widely recognised that this changed substantially in 1999 when more visible commitment to the programme was evident. National level policy makers also noted that the HIV/AIDS issue is now being addressed at the level of President Mbeki's inter-ministerial committee, indicating that commitment to the programme now exists at the highest level.

In addition, several policy makers noted that where the programme's results have become more visible, there has been more buy in and demonstration of commitment to Life-Skills-HIV/AIDS education in schools. For example, while the European Union initially financed the programme, some provincial governments -- such as the Gauteng Provincial Government -- eventually made direct budgetary allocations available for the programme (over and above

the budget allocation from the EU or the national government) because of their understanding of the programme's importance and impact.

The Existence of Appropriate National- and Provincial-level Structures

The Life Skills committee structure for overseeing and sustaining the programme were thought by respondents to be appropriate at the national and provincial levels of government. The role of the provincial Life Skills Committee is to initiate and monitor overall programme implementation in the province, to inform the National Project Committee on performance progress, and to make recommendations for improvement. While initial problems were apparently experienced over departmental ownership and accountability of the programme at national level, these were resolved fairly early so as not to constitute a major hurdle in the development of the programme.

The Economic Standing and Quality of Infrastructure of the Province

Some provinces have a comparative advantage in this regard, which impacts on their ability to effectively manage and support the programme – for example, the extent to which communication infrastructure (faxes, email, phones, etc.) exists and can be used to enhance programme information flow. Implementation was reportedly considerably hampered in the under-resourced provinces, such as the Northern Province, Eastern Cape, and Mpumalanga.

3.1. Policy Development

Policy development began in 1996 and culminated in the National Policy on HIV/AIDS for Learners and Educators in Further Education and Training Institutions³, which made HIV/AIDS education compulsory for public schools (both primary and secondary). In addition, the policy required every education department to appoint an HIV/AIDS manager and a working group to communicate the policy and to implement, monitor, and evaluate the Department's programme.

3.2. Programme Design

The envisaged emphasis of the programme was reportedly on skills development, in addition to providing information (developing knowledge) around HIV/AIDS. Respondents believed that the sustainability of both these elements would depend on strategies such as:

- ✍ ensuring and monitoring the consistency of information, with limited dilution of the programme's core messages;
- ✍ ensuring the adoption of participatory methodologies / pedagogies which are more conducive to skills-development (and to counter act the "chalk and talk" instructional methods); and
- ✍ ensuring a supportive environment both for receiving and imparting knowledge on this sensitive subject matter.

There was the need to specify, develop, and adapt programme content, with particular attention to the criteria of age-appropriateness and contextual relevance.

³ Government of South Africa, Department of Education. *National Policy on HIV/AIDS for Learners and Educators in Public Schools and Students and Educators in Further Education and Training Institutions*. Government Gazette, General Notices, Volume 410, No. 20372. August 1999.

Also, the issue of the admissibility of certain visuals and models (such as graphic representations of the anatomy) and the educational acts and legislation, which governed this, were all curriculum concerns resolved during the design of the programme.

Determining programme content, including the content of materials, was reportedly problematic because even at the National Project Committee level there was little consensus on what exactly the programme should entail. The dilemma was whether to specify that HIV/AIDS should constitute the focus of the programme, or whether broader social skills should be the emphasis with HIV/AIDS as a component. Furthermore, with the mandatory introduction of the programme in schools, there was the need to address the perception that the programme was geared toward teaching sex education, and not promoting sexual activity amongst the youth and encouraging promiscuity. To this end, comparative literature and case studies of programmes in the international arena were cited to demonstrate to schools that the opposite was true: that in fact learners exposed to this type of programme delayed sexual activity. The programme's approach was also not to only preach abstinence, but to offer the youth various options for informed decision-making around sexuality.

3.3. "Marketing" of the Programme

The marketing of the programme was considered by many respondents to be a significant part of a holistic strategy to ensure message consistency and to eradicate myths around sexuality. Thus, various community-based organisations, including churches, youth organisations, and NGOs involved in adolescent-sexuality, were canvassed with the aim of promoting message consistency and to reduce popular resistance to Life Skills and HIV/AIDS education in schools.

The higher education sector was also lobbied with the purpose of ensuring that universities and teacher training colleges incorporated HIV/AIDS and Life Skills within their pre-service curriculum. It was believed by some policy-makers, that this would, over the long-term, shift the primary responsibility for training and implementation from the Health to the Education sector.

3.4. Educator Development / Training

Nation-wide training of educators and master trainers was considered one of the key successes of the programme. Training of two educators per school – for a total of approximately 10,000 educators -- was reportedly accomplished in the first year of the programme.

3.4.1. Establishment of Master Trainers

Educator development and training was achieved through teams of master trainers established in each province. Indeed, it was noted that the establishment of master trainers constituted a means of enhancing the sustainability of the programme implementation, so as to retain training capacity as trained educators exited the system. Because the DoE's rationalisation policies have reportedly targeted guidance educators for redeployment, the resulting attrition from the programme has reportedly resulted in the need for training of new educators to compensate for the shortfall at certain sites. However, the extent to which the master trainers have been utilised since the initial first round of training is not clearly known. Some policy makers suggested that where the master trainers' role with regard to the life skills programme was viewed as an add-on to existing duties, additional training probably has not occurred.

In launching educator training, each province had the option of adopting one of two proposed models for implementing the master training and the subsequent educator training.

- ✍ *The business plan model*: provinces like the Western Cape, KwaZulu Natal, Gauteng and the North West, which had the capacity to deliver their own training, submitted business plans to the national level with details of how the training would be delivered in their province. Once the business plans were approved, the national level then provided financing for the training.
- ? *The agency model*: provinces which did not have the internal capacity/expertise elected to have Planned Parenthood of South Africa (PPASA) conduct their training. PPASA conducted training of master trainers (mainly of auxiliary staff like educational psychologists, etc.) and these master trainers then conducted further training for educators.

PPASA's training model (used for training educators in four of the provinces), in which they utilised venues that were accessible to local schools, was considered by policy-makers as a cost-saving strategy (cheaper than bringing all targeted educators to a centralised national venue).

For those provinces which used the agency model for training, there were reportedly some criticisms expressed around the centralised approach to writing and issuing of the tender for training. Consequently, some provinces reportedly lacked commitment to the training and the subsequent implementation of the programme.

3.4.2. Selection of Educators

Developing and specifying the criteria for selection of educators was considered a key strategy for enhancing the sustainability of the programme. For example, the selection of educators for training aimed at identifying educators with the right attitude and not just guidance educators. In addition, considering that the education sector as a whole is very exam-focussed, the training of educators whose primary responsibility is in the traditional content subjects meant that possible periodic discontinuity in implementation could occur during times when examinable subjects took priority.

Thus, norms and criteria for educator selection were developed and agreed to at national level. However, the decision about which individual educator to target for training was delegated first to the level of provinces and further to the level of schools. As a result, control over the educator selection process was lost, as schools did not always adhere to the criteria specified at national level.

The rationale for delegation to the provincial structures was predicated on the idea that provincial structures have greater access to provincial demographics such as the number of schools in the province. In practice, however, some provinces lack the required management information to inform decision-making on this key aspect that would inform educator training.

Moreover, at school level, some school managers who reportedly considered the programme an 'add-on' and unnecessary to their established ongoing activities, either refused to release educators for the week of training, or sent educators considered 'dead wood' or 'trouble-makers'. Indeed, this situation was reportedly worst felt in the rural schools, where the high ratio of learners to educators produced a situation whereby school managers resisted giving any educators' time away from instructional duties.

Despite the priority expressed by the Minister of Education or Health for educating learners on HIV/AIDS, other directives further worked to constrain its operationalisation. For example, because the Ministry issued a directive to schools that no educator should be outside of the school during school hours, training of educators was constrained and inconsistent where it did occur, and some principals resisted releasing educators for training citing this directive.

3.4.3. Educator Personal Development / Enrichment

Personal growth among educators as well as master trainers (as a result of training or exposure to the project) was considered by policy-makers to be a major positive offshoot of the programme. Many policy-makers spoke of the personal transformation experienced by persons associated with the programme – due to the programme’s content as well as its methodologies. Educators in rural schools were reportedly particularly appreciative of the training, as it also introduced them to participatory methodologies under the OBE approach, to which they had had no previous exposure.

However, others policy-makers questioned whether the attitudinal change in terms of a paradigm shift had actually occurred amongst these educators. Insufficient support (such as follow-up support or good referral networks for learners) means that many educators lack the support to deal both with OBE methodology as well as with the content of HIV/AIDS. Thus, the issue of whether gains seen in training could indeed be consolidated during the implementation phase was brought into question by policy-makers.

3.4.4. Training-related Obstacles

A variety of training-related shortcomings were identified by policymakers:

Lack of Follow-up Support and Training to Educators

In some provinces, there was a lack of follow-on support and training in both the content and methodology of the programme. In the first instance, the diversity/range of topics covered by the training was thought to be potentially overwhelming to educators and thus would necessitate further assistance following the initial training. In addition, because secondary schools were not yet implementing OBE when the Life Skills Programme began, some policy-makers felt that there was a disconnect between the approach of the Life Skills-HIV/AIDS Programme (which relies heavily on OBE methodologies) and educator’s own instructional capacities.

In other cases, where a school had a pre-existing Life Skills programme (such as some ex-model C schools) it was able to infuse this programme into its own. But because many former DET and homeland schools, especially in rural areas, had never had Life Skills or Guidance as a part of their normal curriculum, they were (and reportedly still are) battling to implement the programme.

Dilution of Messages

Reliance on cascade training nearly always results in the dilution of messages. In this programme, cascading occurs at two levels: from master trainer to educator, and from educator to learner. One policy-maker suggested that by utilising standardised materials, such as videos, the burden for “protecting” the integrity of the message could be lifted from individual educators and their role could thus shift to supporting the main message delivered in the video.

Insufficient Time Allocated for Training

A number of policy-makers noted that the time allocated for training was less than optimal. They contend, however, if educators were selected according to the criteria identified for educator selection, then the time needed for training could have been considerably reduced, as it would simply build on the existing knowledge and skills base of educators selected according to the criteria. Thus, they argued that because many educators did not have the appropriate background and motivation many considered the training time to be too short. The initial plan in keeping the training short was both pragmatic and strategic in terms of resource allocation, availability of educators, and minimum disruption of schooling, with provision made for the strategy to be augmented with follow-up support/training. However, because the educator selection process went awry, more training would have been optimal.

Educator Attrition

Many policy-makers believe that the Department of Education's rationalisation and redeployment policies resulted in a critical mass of trained educators exiting the system, leaving critical vacuums in some districts and schools.

3.5. Materials Development / Distribution

The national Departments of Health and Education compiled a master list of materials (educator publications, learner workbooks and publications, pamphlets, videos, posters, etc) that they believed would be useful and appropriate in delivery of the Life Skills-HIV/AIDS programme. Each provincial department then selected the learning support materials from this master list that they believed to be appropriate for their constituents.

Educators were reportedly not given enough information on how the materials were selected (by the provinces, not national level), and so criticisms were launched that the materials were imposed upon them, and/or that the materials were not appropriate (i.e. not enough multiracial representation, etc.). Coupled with this were numerous problems associated with poor control of the distribution of the materials (storage, transport, timely delivery). As a result, some provinces or districts reportedly did not equally distribute materials to schools, or the materials were rejected outright by principals, educators, or district personnel (per the issue on consultation above) and were never distributed at all.

3.6. Programme Management / Oversight

3.6.1. Collaboration between DoE and DoH

At the national level, commitment to collaboration was said to exist and was identified as one of the key determinants of the programme's success thus far. The first meetings of the National Project Committee offered early indications of the Departments of Health and Education intention to collaborate at national level. This inter-sectoral collaboration, including bringing the Department of Welfare on board, was believed to have increased capacity in terms of human (technical expertise) and financial resources. The appointment of the four Life Skills Committee members at national level has been further interpreted by some respondents as a sign of commitment from national level, both to ensure a multi-sectoral approach, as well as to ensure that the appropriate structures to which the provinces can account are in place.

However, according to respondents difficulty reportedly exists at provincial and district levels where such collaboration tended to break down. Whilst it was acknowledged that the appropriate structures exist to bring together the provincial education and health departments,

as well as NGOs, it was emphasised by one policy-maker that the challenge was to have such collaboration play itself out at 'grassroots level'. Policy-makers stated that they thought there was a gradual breakdown in collaboration at the lower levels. Co-operative measures to facilitate the optimal utilisation of resources was reportedly lacking at these levels. For example, districts have been often constrained by the limited resources within their own office, such as transport, resulting in non-participation in training workshops in some cases. Also at district level, there is less effective co-operation between health and education because some provinces have different district geographic boundaries for these sectors.

Moreover, there was a general perception that the Life Skills Committees at provincial and district level have not been particularly successful in feeding programme information back to their management hierarchy in order to facilitate greater commitment to programme implementation on the part of the individual programme managers at each level.

3.6.2. Ownership of the Programme

Policy-makers indicated that poor or misplaced ownership of the programme is believed to have hampered implementation. Although widely recognised that the DoH has done much to ensure implementation gets off the ground, there was feeling expressed by a DoH official that the DoH at provincial level should have let the DoE take the reigns. Some stakeholders perceive that the DoH does not trust educators to deliver the programme because they strongly believe that HIV/AIDS is a health issue.

DoH policy-makers also expressed the opinion that the DoE has not embraced the Life Skills-HIV/AIDS programme because it does not see it as part of its core business. They contend that the DoE has only recently started to demonstrate some commitment to the programme – which is attributed mainly to the recent change in national level DoE leadership. However, the belief that the DoE is a reluctant partner still persists amongst some stakeholders who cite the lack of explicit budgetary commitment on the part of the DoE budget as indicative of the DoE's lack of commitment or support for the programme.

The DoE's response to this contentious issue has been to emphasise that HIV/AIDS is not a line item in the DoE budget because the sector is curriculum-driven and not event-driven. Thus, the DoE's investment in HIV/AIDS education is said to be more indirect – through budgetary allocations to the curriculum.

Moreover, the DoE respondents admits that the core business of education is not Life Skills or HIV/AIDS per se, but rather the new curriculum's Life Orientation learning programme that has a compulsory HIV/AIDS component. Thus, the envisaged new curriculum (C2005) with Life Skills-HIV/AIDS as content is quite a substantial curriculum shift. However, for those grades at secondary level that have not yet begun implementing C2005, it is thought that HIV/AIDS (but not necessarily life skills) could become an examinable subject which would hasten the exposure of those grades to HIV/AIDS issues (rather than waiting for C2005 to be implemented).

The DoE strategy is thus to incorporate HIV/AIDS into the curriculum (both old and C2005), as encapsulated in the following quote (paraphrased):

“Any strategy which is not rooted in the curriculum is not going to survive. Curriculum development is the business of education. All grades will be exposed to the content of HIV/AIDS, including those in which implementation has not yet begun. In these (latter) grades a compulsory HIV/AIDS component will be incorporated into the learning programmes.” (DoE: Chief Director: GET)

Nevertheless, policy-makers across the board expressed the opinion that despite the priority given in education policy documents to fighting the epidemic, this is not always reflected in the school timetable as there is insufficient instructional time allocated to the Life Skills-HIV/AIDS Programme. However, they concede that this differs from school to school and depends very heavily on the individual school culture and the extent to which stakeholders at the school level have bought into the programme.

Related to the issue of programme ownership, some policy-makers indicated that all key stakeholders, including educators, were not properly mobilised for ensuring successful start to the programme. There were problems with the flow of information from provincial co-ordinators to districts to schools. School-level stakeholders reportedly were not properly brought on board or taken through the process to ensure their commitment to the programme. Part of this was because the donor funding for launching the training had to be used within a certain time period, which meant that certain ownership-building processes were not properly undertaken. This reinforces the issue discussed above regarding improper selection of educators for the training.

3.6.3. Other Constraints to Effective Management and Oversight

Several policy makers noted that there are other weaknesses and constraints to effective management and oversight that have contributed to less-than-expected results.

National Level Management and Oversight

One of the policy-makers who had been involved since the programme's inception stated that in the initial year of the programme, there was no champion at national level who was devoted to managing this project because of a one-year delay gap between the work of the task team and the assignment of the national level project manager. This resulted in a lack of focussed national-level support during the early implementation of the programme – particularly in designing and issuing of the training tender and the commencement of training at provincial level.

Effectiveness of Provincial and District Life Skills Committees

Most policy makers noted numerous management shortcomings within the provincial and district life skill committee structure:

Firstly, some committees have been ineffectual as they can be very personality-dependent with their productivity depending on individuals rather than the work of the team.

Secondly, some highly capable and committed Committee members are reportedly under-employed -- used as messengers, etc. -- rather than given professional tasks that fully exploit their skills and fulfil their mandate as managers and leaders of the programme. Yet, the opposite was also stated. In some provinces, programme management staff lack the necessary management or leadership skills to successfully implement the programme. For example, they are incapable of producing business plans or are frequently absent from their duties – rendering them ineffectual managers for the programme.

Thirdly, where the programme management responsibilities are 'additive', i.e., when it is given to people in addition to their other responsibilities, then commitment to the programme can be diminished. This can be further exacerbated by poor planning and prioritisation skills that can result in work overload and "burnout".

Fourth, at district level, weak management in combination with poor commitment or skills has led to less effective implementation. Reportedly, in provinces where support staff are integrated into a team, there has been greater success in implementation than where only individual staff are given independent responsibility for overseeing the programme. This facilitates distribution of the responsibility for programme performance to a number of individuals at district level. Whilst the development of district support teams is acknowledged to be desirable, it is also recognised that this is harder in the rural areas where transport and communication problems abound. The frequency of support visits to schools, and ultimately the assistance given to educators with regard to implementation in the classroom, may thus be reduced as a result of difficulties in these districts.

Certain policy makers also viewed district level staff as lacking ownership of the decision-making process, and perceiving directives as unilateral (top-down). To counteract this, some provinces, like Gauteng, have actively engaged in a drive to increase ownership of the programme among district offices.

Finally, it was noted that performance appraisal mechanisms do not exist to judge the performance of any managers on the implementation of the life skills programme specifically (as opposed to their overall performance).

Lack of Management Information for Programme Management

Lack of baseline and management information has made it difficult to measure the results of the programme (and the investment made in training educators). Lack of such information has also put strain on the budget for the programme, as the number of schools was frequently underestimated.

Lack of Common Procedures for Procuring Funds

Whilst many policy-makers stated that financing for the programme is reportedly improving each year, they also state that mechanisms for transferring the funds from national to provincial level are not understood well by provincial and district level managers. Clear guidelines on how to access (e.g. business plan development) and report on funds are apparently lacking, however, because different districts within a province can have different bureaucratic processes for accessing funds, this contributes to the problem of specifying common procedures for districts.

As a result of this, districts have not always effectively accessed additional financial resources available for the programme. This is particularly problematic because the success of HIV/AIDS advocacy activities, which has been used to raise awareness and commitment both within and outside the school system, depends heavily on how the provinces and districts use funds.

3.7. Performance at School level

The programme's performance at school level is generally believed to be weak due to a variety of issues related to the culture of learning, school autonomy, and insufficient follow-up and support. The level of school dysfunctionality – particularly where there is a poor culture of learning – was frequently mentioned as a significant barrier to the delivery of the programme. Related to this, low educator morale (as a result of job insecurity, together with insufficient recognition for their work) has impacted significantly on the enthusiasm with which educators approach their work (including this programme). Other factors associated with school dysfunctionality make the programme nearly impossible to implement – such as

where learners intimidate and physically harass educators, or where educator behaviour, such as male educators who have intimate relations with learners, militates against the programme.

Policy-makers also mentioned that implementation can be further hampered by the power and autonomy that some school managers and educators exert– that is, that the success of this programme success is largely contingent on the goodwill of these individuals.

With respect to modifications of the programme at school level, it was noted that some provinces (like Gauteng) have noted the need for a greater degree of responsiveness to learners directly affected by, and infected with, HIV/AIDS. Thus, the focus of these provinces has been to adjust the programme to respond more deeply to the actual HIV/AIDS needs and experiences of learners.

4. THE FUTURE OF LIFE SKILLS-HIV/AIDS EDUCATION – CURRICULUM ADJUSTMENT?

Per the above discussion, the Department of Education proposes to make curriculum changes to enhance the effective implementation of the Life Skills-HIV/AIDS programme. For example, those grades that are currently implementing C2005 should make HIV/AIDS a compulsory “programme organiser”⁴, so that HIV/AIDS is used for a variety of subjects. In grades where C2005 is not yet introduced, learning activities such as assignments and portfolios should contain content related to HIV/AIDS. Moreover, internal exams should use HIV/AIDS content (e.g. graphs in maths which make use of HIV/AIDS data, geography classes which use population demographics related to HIV/AIDS) to raise awareness around the reality of the epidemic. Another suggestion is that matriculation exam papers include questions on HIV/AIDS – if this proposal is approved, implementation along this line would commence in the year 2002.

However, because the goals of the Life Skills programme extend beyond the awareness building into skills development, the incorporation of incorporating HIV/AIDS content into traditional subjects and exams calls into question its impact on the development of Life–related skills (as opposed to HIV/AIDS awareness).

Most policy-makers interviewed however recognise that this strategy of curriculum adjustment must be augmented with a strategy of on-going educator support with regard to implementing the new or modified curriculum.

⁴ ‘Programme organiser’ refers to the themes or topics for delivery of basic knowledge and skills within the framework of Curriculum 2005.

5. RECOMMENDATIONS

All stakeholders at the national policy-level held the view that the Life Skills-HIV/AIDS programme, while appearing to be well designed, was not delivering the intended benefits and results in implementation. As such, they made numerous recommendations to the current implementation strategy in order to sustain the investment made thus far and to improve overall programme performance. Foremost amongst these recommendations are:

5.1. National Level

- ✍ Expand the focus of the Life Skills-HIV/AIDS programme.

The HIV/AIDS epidemic has created an imperative for curriculum adjustment and the Life Skills-HIV/AIDS programme is a sound response to this national crisis. However, the focus of the Life Skills programme should be expanded to incorporate a wider range of skills among both learners and educators as the education system will be expected to intervene and take over from caregivers who are either infected or lost to the disease. Ways need to be devised to support learners who are missing out on curriculum activities because of added domestic responsibility, for example. Thus, there is a need for a fundamental re-orientation in ways of dealing with the epidemic.

- ✍ Improve overall monitoring and evaluation of the programme.

There is need for stronger monitoring and evaluation of the programme both to improve performance as well as provide insights for the implementation of future projects. This assessment is part of the recommendation made by the National Project Committee for a national level evaluation.

- ✍ Deliver an even stronger directive from the Minister of Education to schools, districts and provinces on the highest priority placed on the programme. Policy makers perceive that implementation has been ‘haphazard’ and ‘sketchy’ at best. This has partly been attributed to the lack of buy-in at school level of the importance of the programme.

5.2. Provincial Level

- ✍ Increase commitment at premier and MEC level.
- ✍ Improve overall monitoring and evaluation of the programme. There is also the need for a more vigilant provincial steering committee that will regularly assess and monitor the programme’s needs, circumstances and challenges and develop appropriate strategies to address them.

5.3. District level

- ✍ Enhance capacity in terms of management skills (planning, financial management and monitoring).
- ✍ Build district support teams.

Given that team approaches were reportedly found in districts where the Life Skills programme is better implemented, district education offices should establish teams to support the Life Skills-HIV/AIDS programme (as well as other programmes). Subject advisors need to work with support services and auxiliary services to integrate and build their efforts.

5.4. School Level

- ✍ Shift the organisational culture of schools.

Compliance with official school education policy on HIV/AIDS should be monitored and evaluated by district officers. It is not enough that schools include Life Skills – rather they should turn their entire way of operating around to confront this epidemic. This underlines the importance of capacity building at the district level, to fulfil their mandate in terms of monitoring and feedback of the programme.

- ✍ Build a system of support in schools.

Given the rapid growth of the epidemic, schools need to become more responsive to the growing numbers of learners affected by, and infected with, HIV/AIDS. For example, there is need to address contradictory situations in schools whereby openness is encouraged, yet when learners or educators are affected or infected they experience stigmatisation.

- ? Enhance educators' capacity in the utilisation of learning support materials.

Numerous policy makers noted that educators were not given enough training in how to use materials and as such, the materials are not being utilised effectively.

- ✍ Deliver more feedback to schools and educators on their overall performance in delivery of the Life Skills sessions.

- ✍ Ensure coherent school policies around learners and educators affected by and infected with HIV/AIDS.

- ✍ Assist schools to extend beyond educators to link with the community-based support network to enhance the sustainability of the programme in the context of the community. Whilst policy-makers reported that the community-based clinic has been identified as a key resource in supporting the programme, it has been found, for example, that some nurses are actively discouraging adolescents from using certain forms of family planning, and this constitutes a barrier to implementation. Some provinces, e.g. Gauteng, are reportedly actively addressing this by re-training nurses.

- ✍ Undertake ongoing educator training.

The need for more teachers to be trained, so that there is a 'critical mass' of trained educators and they can better support each other.

- ✍ Develop greater parental and school commitment to the programme.

The support of parents, SGBs, and school managers needs to be developed, so that when learners are taught about sex, there is a home environment to support the school-based initiatives. In addition, skills of parents should be harnessed to raise supplemental funds for the programme, as well as to offer support for programme-related activities and the growing numbers of HIV/AIDS orphans. International case studies, particularly the Zimbabwean case, clearly identify parent involvement as a key component of a successful programme. Finally, there appears to be definite need for parent workshops around the introduction of the programme in schools.

5.5. Other

- ✍ Involve organised labour.

The educator unions must step in and assist in dealing with issues of educator loss and chronic absenteeism as a result of the HIV/AIDS epidemic. The co-operation of unions

in mobilising educators in the fight against the epidemic should be solicited and encouraged.

✍ Develop community-based strategies.

Already, large sums have been and continue to be dedicated to the programme. Increased funds for HIV/AIDS programmes are to be allocated by central government over the next two years. What is needed are holistic, community-based strategies to augment and support the school-based programme. There is a need to find out how the Minister of Education's plan to make schools the centre of our communities is meant to work operationally.

✍ Canvass the support of educators of traditional content subjects.

All educators should confront the AIDS issue in the context of their own subject. HIV/AIDS and life skills education should not be the sole responsibility of Guidance/Life Skills educators. However, it is recognised that there is an apparent tension between this ideal and Life Skills as envisaged in the new Curriculum – as a separate learning programme. Furthermore, because of the high degree of instability in the education sector resulting in the loss of instructional time, it was recognised by most policy-makers, that time allocated for the Life Skills/ Guidance may be used to cover the syllabus in these traditional areas, thus short-changing implementation of the Life Skills programme.

✍ There was a perceived need for programme managers to address the importance of Life Skills in the context of educators' other curricular obligations, such as delivering a good matriculation pass rate.

✍ Highlight Life Skills on the public agenda.

There is a need to keep the Life Skills programme as a priority on the public agenda. This is necessary if the programme is to survive amongst other competing national priorities.

6. CONCLUSIONS

These policy-maker interviews provided a wealth of perspectives on the performance of the Life Skills-HIV/AIDS programme. The perspectives provided by the policy-makers indicates the programme needs various interventions in order to enhance overall programme performance.

The importance of holistic, participatory, community-based and sustainable strategies was underlined. However, the success of these approaches is believed to be contingent on improved management at all levels, to ensure sufficient planning and provisioning in line with programme needs. Thus, emphasis was given to the need for capacity building in terms of business and general management skills.

Various factors contributed to differences in implementation at provincial level, as perceived by the stakeholders. Whilst infra structural backlogs in certain provinces were acknowledged to exist, there is general recognition of the extent to which people (skills, motivation) ultimately determine programme success. The political and budgetary commitment of the provinces was also to a large extent perceived as a determinant of programme success at the provincial level. Unfortunately, many believe there is a gradual reduction in the level of commitment with movement down the management hierarchy (from national to provincial to district to local levels).

Finally, the DoE views the new curriculum (C2005) as the primary vehicle for the provision of Life Skills-HIV/AIDS education to school-going youth. This merits support from all levels to the school-based programme, to ensure overall programme success and to respond adequately and timeously to the AIDS epidemic.

APPENDIX A

Name	Department	Designation
Abraham Seckle	DoE	Chief Education Specialist: Life skills
Edcent Williams	DoE. Directorate : GET	Chief Director
Marie-Louise Samuels	DoE. Directorate: ECD	Director
Barbi Michel	DoH	National Life Skills: HIV/AIDS Committee member
Kenau Swart	DoH	National Life Skills: HIV/AIDS Committee member
Marie Crewe	DoH	Chairperson: National Life Skills: HIV/AIDS Committee
Eddie Moehebi	DoH - Directorate: Youth Programmes	Deputy-director
Rentia Agenbag	DoH: Communications	Deputy-director
Sharon Kruger	Gauteng DoH	Secondary Schools, Life Skills: HIV/AIDS Co-ordinator
Brennand Smith	GDE	Secondary Schools, Life Skills: HIV/AIDS co-ordinator
Marilyn Hanyane	Lifeline	Co-ordinator (Soweto)
Aloma Foster	PPASA	Research manager
Zola Madikizela	UNFPA	Programme Manager
Sibeso Luswata	UNICEF	Education Programmes co-ordinator